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Dated: June 10 2005

Signature:

*Fani Malikouzakis*  
(Fani Malikouzakis)

Docket No.: MSI 203 US  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Edward Ikeguchi et al.

Application No.: 10/667,848

Confirmation No.: N/A

Filed: September 22, 2003

Art Unit: N/A

For: SYSTEM AND METHOD FOR CONTINUOUS  
DATA ANALYSIS OF AN ONGOING  
CLINICAL TRIAL

Examiner: Not Yet Assigned

**REQUEST FOR CORRECTED ATTORNEY DOCKET NUMBER**

Group Art Unit N/A  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby requests that a corrected attorney docket number be associated with the above-identified patent application. Please replace the Attorney Docket Number currently associated with the above-identified application with **MSI-203-US**.

Applicant additionally requests that all pertinent U.S. Patent and Trademark Office records relating to the subject application be changed to reflect this correction.

Applicant believes no fee is due with this request. However, if a fee is due, please charge our Deposit Account No. 50-0624, under Order No. MSI 203 US from which the undersigned is authorized to draw.

Respectfully submitted,

By  

C. Andrew Im

Registration No.: 40,657

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PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	<b>10/667,848</b>
	Filing Date	<b>September 22, 2003</b>
	First Named Inventor	<b>Edward Ikeguchi et al.</b>
	Art Unit	<b>To Be Assigned</b>
	Examiner Name	<b>To Be Assigned</b>
	Attorney Docket Number	<b>MSI 203 US</b>

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **24972**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

**24972**

OR

☒ Firm or  
Individual Name **C. Andrew Im  
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of **1** forms are submitted.